U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Office	cial Use Only									
READ THE INSTRUCTIONS CAREFUL					LY BEFO	RE PREPARING THIS	REPORT.			
E	AUG1 22005									
	OMS OF									
1. File Number U 5 7 3					2. Fiscal Year Covered From:					
					1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.					4. Name, file number, and address of labor organization.					
Name J	Name Jeffrey Benavidez					Name International Association of Iron Workers #66				
					Labor	Organization File Num	ber 023-625	ACQUITMENT OF THE PROPERTY OF		
P.O. Box, Bldg., Room No., if any				P.O. Box, Building and Room Number, if any						
Street	4318 Clark Ave.				Street 4318 Clark Ave.					
City s	San Antonio			City	City San Antonio					
State T	exas		ZIP Code + 4	78223	State	Texas		ZIP Code + 4	78223	
5. Position	in labor organization.									
	Bu	ısines	s Manager	aland malaid limensa kenke alan kenke kenke manana pengana anon malaina apapana anopag yang	~	i jahah mini panjan karana				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):										
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.										
Name and address of Employer (including trade name, if any).					7.a. Nature of Interest, Transaction, or Income.					
Name						<u>Cast (1884-1889) nog in Cast </u>	et (Colon Colon Co			
Trade Name, if any:					NA DOCUMENT (SOUTH AT A CONTRACT CONTRA				REPAYMENTERALISASASAS	
P.O. Box,	, Bldg., Room No., if any							20 Citaban (alama da maria da A 2000 meneral da maria da ma		
Street					7.b. Amo	ount.				
Antonioro girotniorisio						Sidenoveroldomic				
City						Section of the sectio		The second secon		
State		The state of the s	ZIP Code + 4							
Signature										
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)										
Signet	Signed John Sommer On 8-11-05 Date Telephone Number									
						5010	16	schiloue Manipe		

Name of Person Filing JeffR	ey Benavidez		File Number U -					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
Street 9555 W. Sam Houston City Houston State Texas	s uite 400 Pkwy S ZIP Code +4 777099	9. Business deals with: a. Labor Organiza b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust of	or employer's name.	11.a. Nature of such dealing. Administrative Agent						
Name Texas Ironworkers Tr	ust Funds	J. Manual Delucive Age	***					
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any	uite 400							
Street 9555 W. Sam Houston	Pkwy S							
City Houston		11.b. Approximate dollar valu	В пред изтем на принципа на п					
	$\frac{1}{2} \left(\frac{1}{2} \left$	12.a. Nature of interest held	d or income received. Holf after meeting at Lochinvar					
State Texas	ZIP Code + 4 77099	with lunch.						
		12.b. Amount.	\$36					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or	Labor Relations Consultant	14.a. Nature of payment.						
(including trade name, if any).		To the state of th						
Name	Statement And Statement (All Mark Statement Statement of Statement	vindelina e e e e e e e e e e e e e e e e e e e						
Trade Name, if any:		Associated and a second and a s						
P.O. Box, Bldg., Room No., if any								
Street		prosecony						

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State